

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)

JUL 15 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:	27-0024 ENTERED
Date:	9-2-2022
Amount Paid:	\$150 8-4-22 Res Accy Bldg J16
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Jeffrey Splitgaber				Mailing Address: P.O. Box 94				City/State/Zip: Cornucopia, 54827				Telephone: 608-843-8590			
Address of Property: 19640 Mountain Ash Rd				City/State/Zip: Herbster, WI. 54844								Cell Phone:			
Email: (print clearly) splitgabere@gmail.com															
Contractor: Self				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		Recorded Document: (Showing Ownership)									
1/4, 1/4		Gov't Lot 2		Lot(s)		CSM		Vol & Page 958-966		CSM Doc #		Lot(s) #		Block #	
Section 31		Township 51		N, Range 6		W		Town of: Bell		Lot Size		Acreage 1.85			

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? NO If yes--continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline : 325 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$50,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> -Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Holding Tank	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Use	None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input checked="" type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 36	Width: 24	Height: 20'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) Garage w/ additional	(28 X 24)	672
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) 1st storage	(16 X 8)	128
	<input type="checkbox"/>	Special Use: (explain) Left Storage	(28 X 24)	672
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jeffrey Splitgaber
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Date: 7-15-22

Authorized Agent: _____ (See Note below)

Date: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit P.O. Box 94, Cornucopia, WI. 54827

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

*Call when issued

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

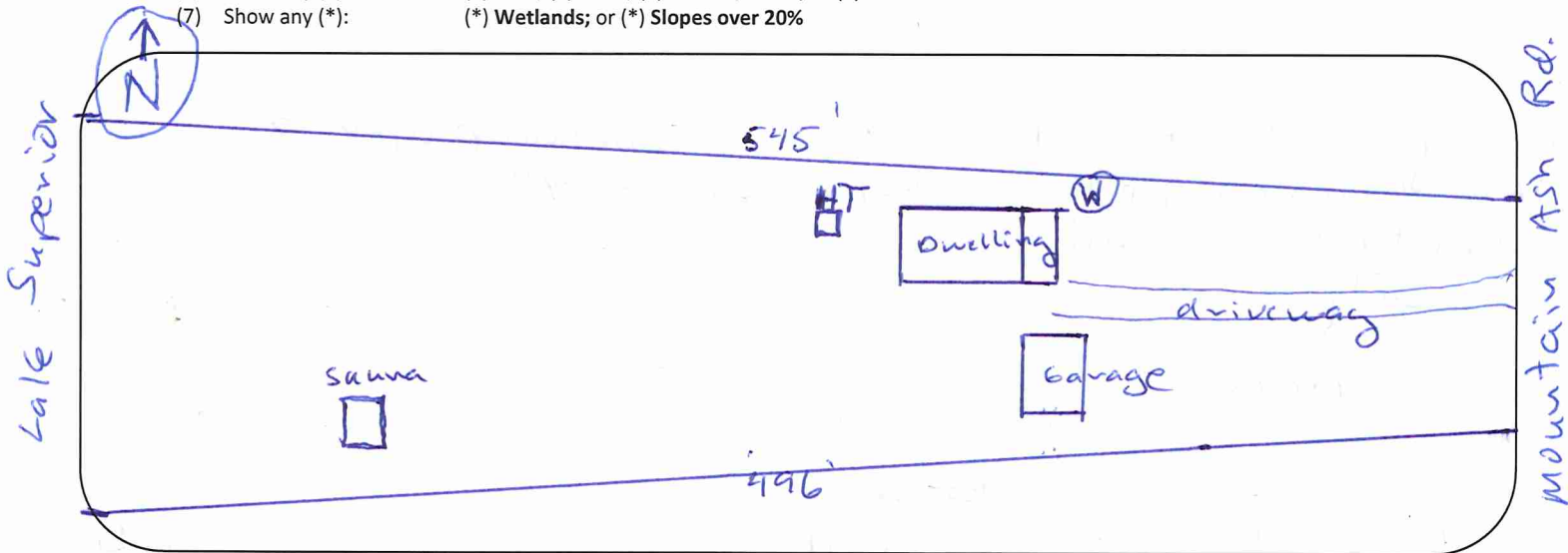
All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	185' Feet	Setback from the Lake (ordinary high-water mark)	300' 338' Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	100' Feet		
Setback from the South Lot Line	12' Feet	Setback from Wetland	Feet
Setback from the West Lot Line Lake	300' 338' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	170' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	75' Feet	Setback to Well	80' Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

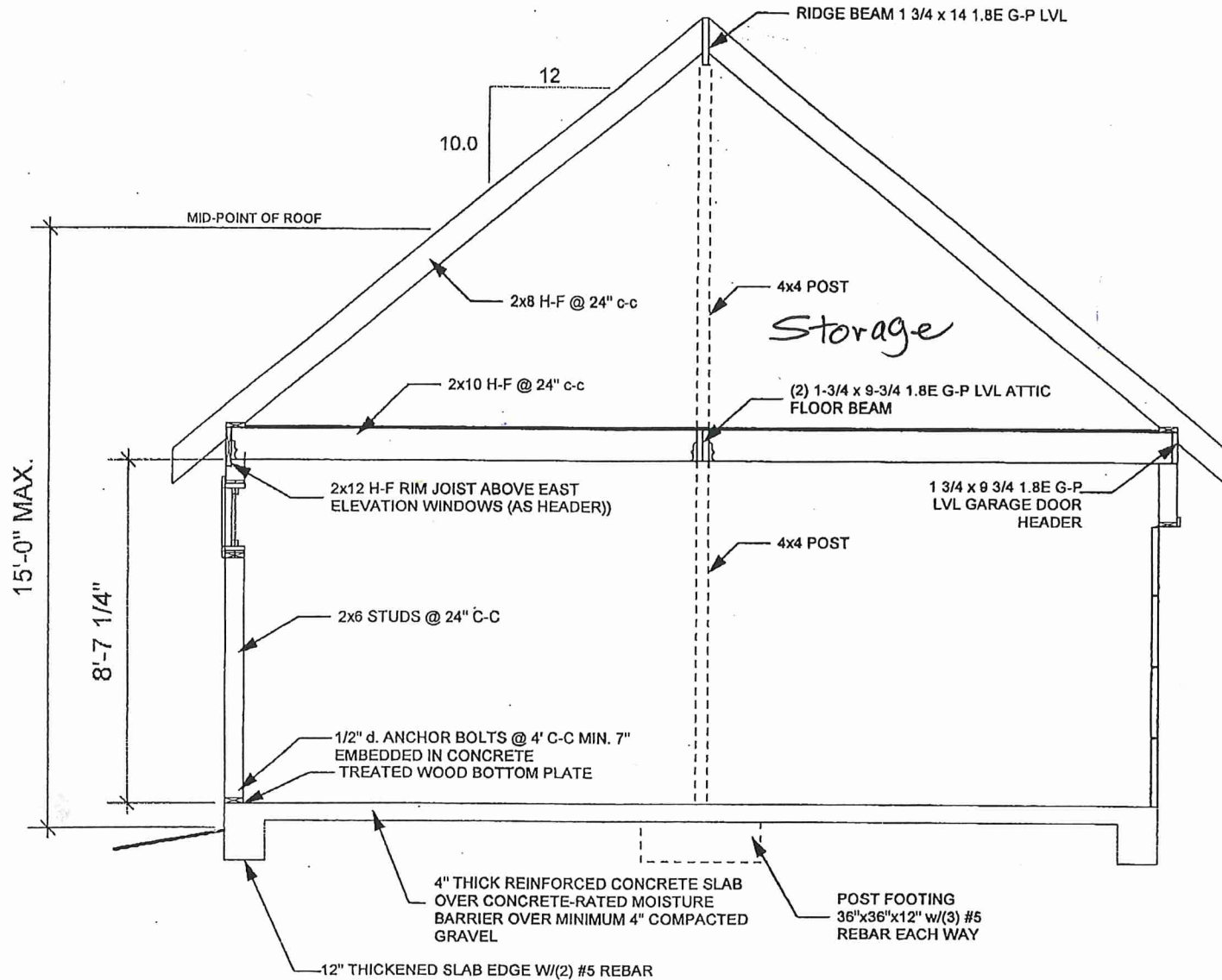
NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

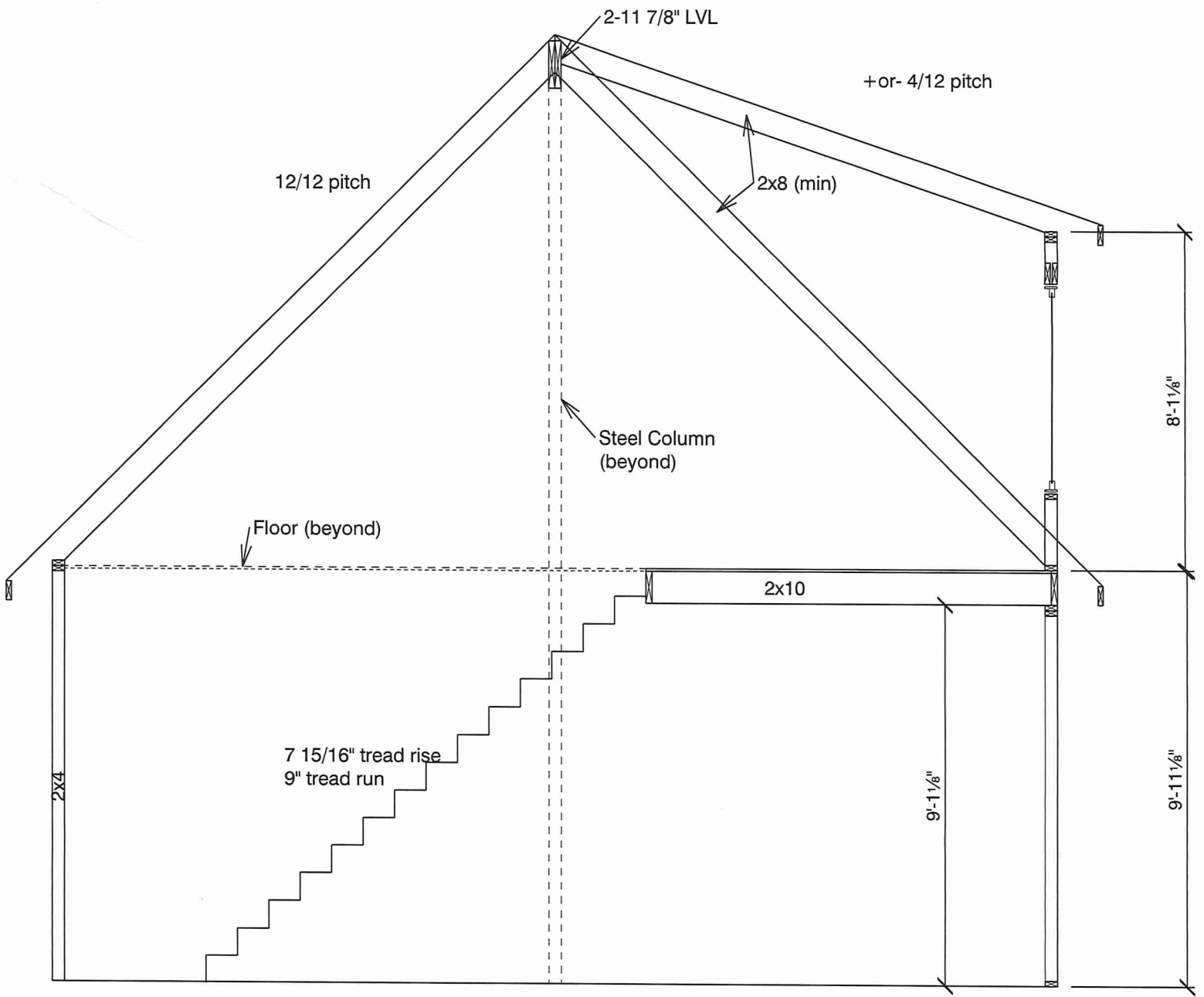
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

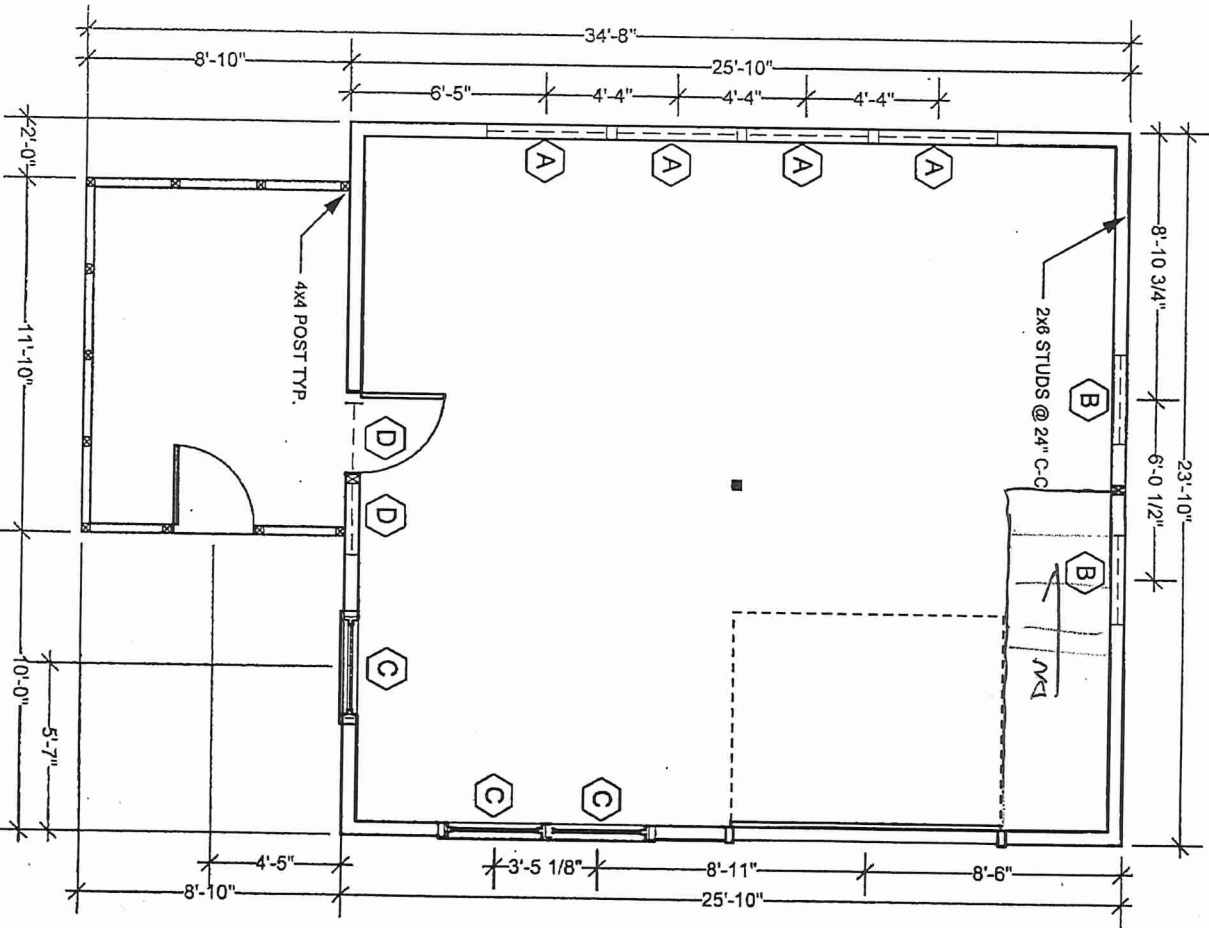
Issuance Information (County Use Only)		Sanitary Number: N/A	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 22-00274		Permit Date: 9-2-2022			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Survey	<input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	18910	<input type="checkbox"/> No
Inspection Record: Property line marked by surveyor + site marked			Zoning District (R-1) Lakes Classification ()		
Date of Inspection: 8-11-22		Inspected by: EM		Date of Re-Inspection: 8-26-22	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)					
To meet all set backs, including eaves and overhangs. No plumbing permitted. No bedrooms/living quarters permitted. For personal storage only.					
Signature of Inspector: [Signature]				Date of Approval: 8-26-22	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

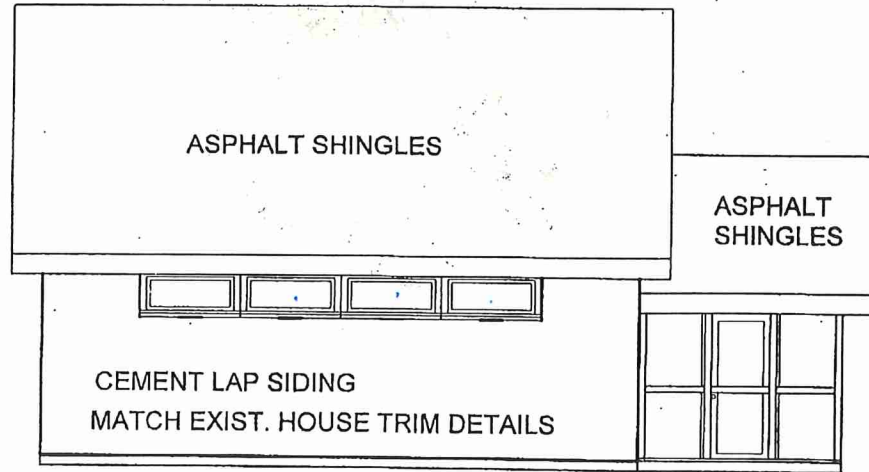


1 GARAGE SECTION
A5 Scale: 1/4" = 1'-0"

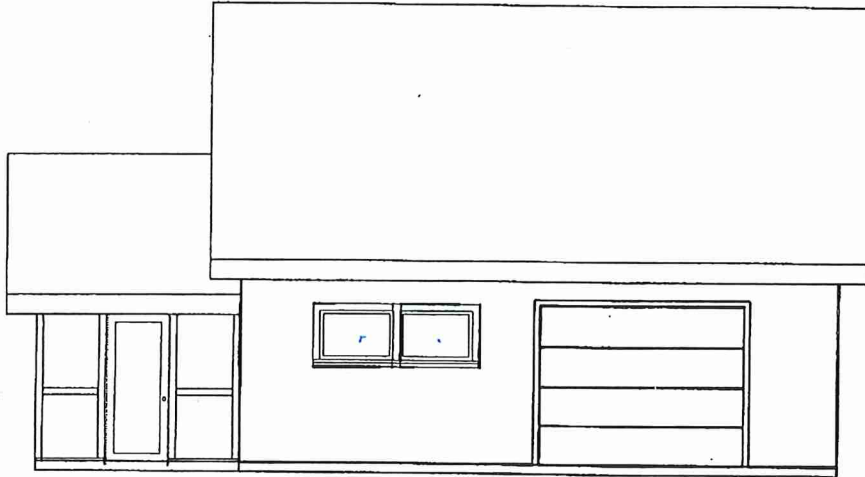


Scale: 1/2" = 1'-0"

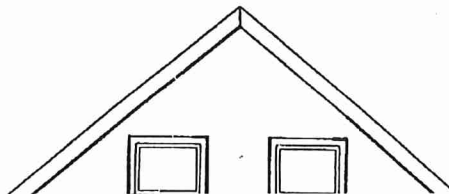
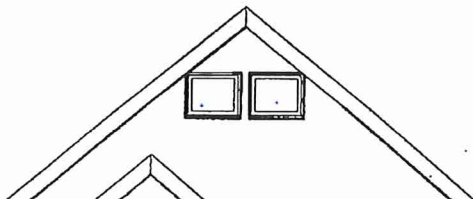


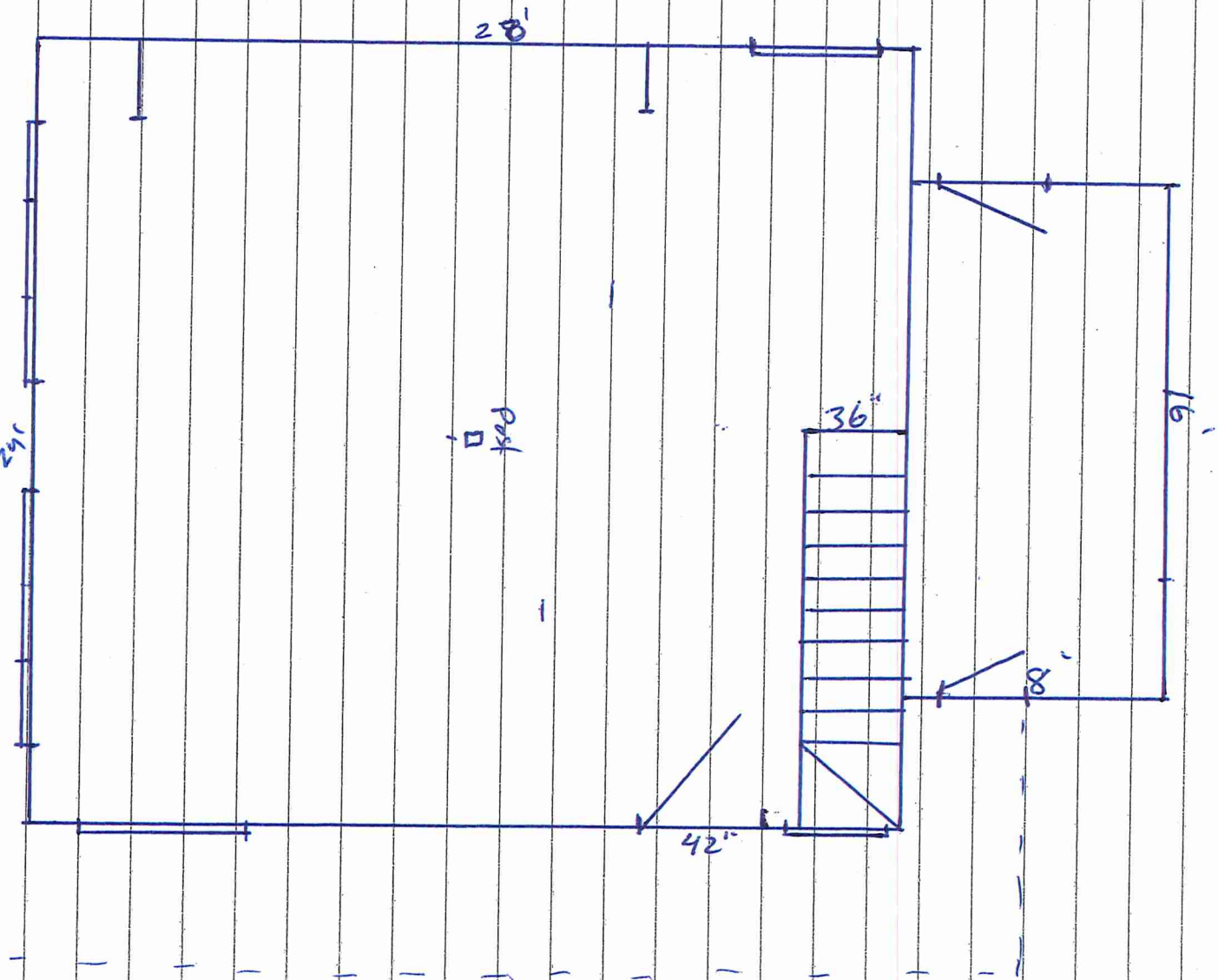


1 East Elevation
A4 Scale: 1/8" = 1'-0"

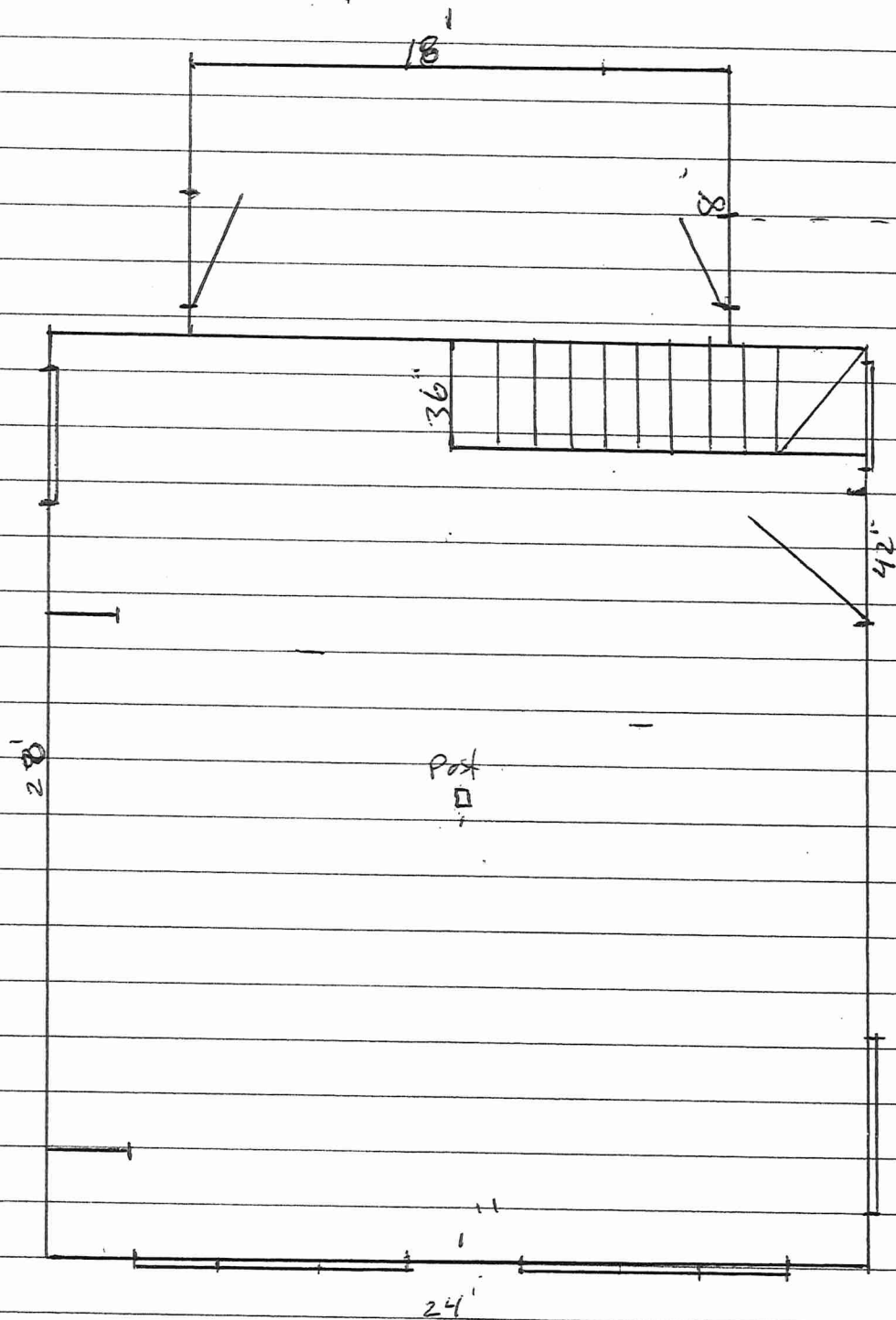


2 West Elevation
A4 Scale: 1/8" = 1'-0"





Extreme Measures



- wall Height - 9'6"
- overhang - 15"
- Fascia - 8"

- Photo -
- Metal Roof
- Bill - 683-50
- Permit
- From River
- 372-4000

Windows

Downstairs

Left = (4) - 2 fixed; 2 opening - long / narrow
Rear = (2) - same as left

Front - 2 - 8' Garage Doors w/ windows

Right - 2 - service door w/ 1/2 window - Flr
- 1 or 2 slider windows

Upper Left - 0

- Front / Back - 2 awnings; size ?

- Right - shed doors - 4'; double hung or slider

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X (Shoreland)**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0224** Issued To: **Jeffrey Splitgaber**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **31** Township **51** N. Range **6** W. Town of **Bell**

Par in

Gov't Lot **2** Lot Block Subdivision CSM#
In V. 958 P. 966

Residential Structure in R-1 zoning district

For: **Accessory: [2- Story]; Garage (28' x 24'); Storage Room (8' x 16') = Overall (36' x 24') at a Height of 20'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must meet and maintain setbacks including eaves and overhangs. No Plumbing allowed. No bedrooms and/or living space permitted/allowed. For personal storage only.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

September 2, 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0225
Date:	9-7-2022
Amount Paid:	
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Henry W. Weege	Mailing Address: 87550 Stage Rd Cornucopia WI 54827	City/State/Zip: Cornucopia WI 54827	Telephone: 715-742-3951
Address of Property: 87550 Stage Rd.	City/State/Zip: Cornucopia Wisconsin 54827	Cell Phone: None	
Email: (print clearly) None			
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Required (for Agent)
PROJECT LOCATION Legal Description: (Use Tax Statement)	Tax ID# 37670	Recorded Document: (Showing Ownership)	
IV W 1/4, NW 1/4	Gov't Lot 14	Lot(s) CSM	Vol & Page CSM Doc #
Section 2, Township T50N, Range R66W W	Town of: Bell	Lot(s) #	Block #
Subdivision: Siskiyou River Valley		Lot Size 10 acer	Acreage 10 acer

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project \$10,000.00	Project # of Stories 1	Project Foundation Gravel	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$10,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type:	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)		<input checked="" type="checkbox"/> Gravel	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
				<input checked="" type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 25'	Width: 20'	Height: 12'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) Car Port	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) 3	(25x20)	500'
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Henry W. Weege
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 8/8/22

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit: _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL

10 acres

Lot 14

Drain Field

Septic Tank

Existing House

Well

Proposed Car port

Driveway

Existing Garage

20' ft From House To New Shed

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	350' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	100' Feet		
Setback from the South Lot Line	200' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	350' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1,000' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	100 Feet
Setback to Drain Field	120 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

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The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

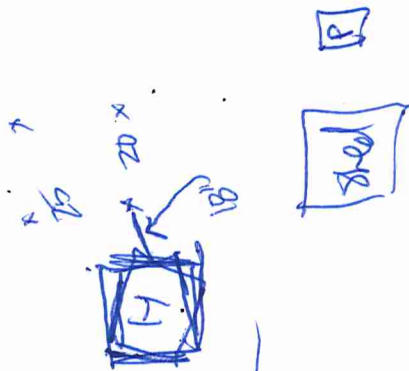
Issuance Information (County Use Only)	Sanitary Number: NA	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 22-0225	Permit Date: 9-2-2022		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Case #:		Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Site was staked		Zoning District (R-1)
Date of Inspection: 9-2-2022	Inspected by: gm	Lakes Classification ()	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)			
To meet all setbacks, including eaves and overhangs. For personal storage only. Town/State/DPW permits may be needed.			
Signature of Inspector: Erica Madanaw		Date of Approval: 8-25-2022	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

Field Investigation

8-22-2022

Date: 8-22-2022	Arrive: 11:30	Depart: 11:35
Landowner: Weege, Henry	Photos taken: Yes	No
Project Location: 87550 Stage Rd	Persons Present:	
Waterway: Cornucopia	Purpose of visit:	
PIN# _____ *Attach Real Estate Inquiry*	<input type="checkbox"/> ZP Onsite <input type="checkbox"/> SAP <input type="checkbox"/> Sanitary <input type="checkbox"/> Wetland Delineation <input type="checkbox"/> Floodplain <input type="checkbox"/> OHWM <input type="checkbox"/> Boathouse <input type="checkbox"/> Complaint <input type="checkbox"/> Averaging <input type="checkbox"/> Walkout <input type="checkbox"/> Other: _____	
Paid \$ _____	Receipt # _____	

R-1
47.8 acres
Carport
25x20



Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No. **22-0225** Issued To: **Henry Weege**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **3** Township **50** N. Range **6** W. Town of **Bell**
E $\frac{1}{2}$ Lot 9 less S 40' & E $\frac{1}{2}$ Lot 10 and all of
Gov't Lot **11-14** Lot Block Subdivision **Siskiwit River Valley Fruit Land Co** CSM#
less platted roads

Residential Structure in R-1 zoning district
For: **Accessory: [1- Story]; Car Port (25' x 20') = 500 sq. ft.] Height of 12'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must meet and maintain setbacks including eaves and overhangs. Not for Human Habitation or Sleeping Purposes. For Personal Storage only. Town/State/DNR permits may be needed.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

September 2, 2022

Date